

PATENT

I hereby certify that on the date specified below this correspondence is being transmitted electronically via the Office electronic filing system, EFS-Web, on the United States Patent Office Web site, addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

May 7, 2008  
Date

Lu Beggs  
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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Appl. No.	: 10/813,040	Confirmation No.	: 4142
Applicant	: Ralph James		
Filed	: March 29, 2004	Attorney Docket No.:	501292.01 (30263/US)
Art Unit	: 2616	Customer No.	: 27,076
Examiner	: Kan Yuen		
Title	: METHOD AND SYSTEM FOR SYNCHRONIZING COMMUNICATIONS LINKS IN A HUB-BASED MEMORY SYSTEM		

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**SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In accordance with 37 C.F.R. §§ 1.56 and 1.97 through 1.98, applicant wishes to make known to the Patent and Trademark Office the references set forth on the attached form PTO-1449. A copy of the cited U.S. Patent Publication will not be submitted herewith in accordance with the waiver by the Office of the requirement under 37 C.F.R. § 1.98(a)(2)(i) for U.S. national patent applications filed after June 30, 2003. Although the aforesaid reference is made known to the Patent and Trademark Office in compliance with applicants' duty to disclose all information he is aware of which is believed relevant to the examination of the above-identified application, applicant believes that his invention is patentable.

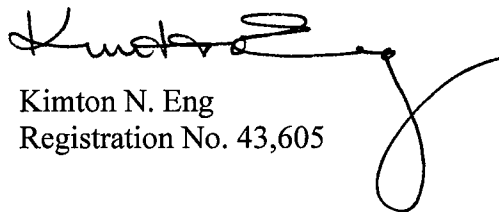
I hereby certify that no item set forth on the attached form PTO-1449 was first cited in a communication from a foreign patent office in a counterpart foreign application and, to our knowledge, after making reasonable inquiry, no item of information set forth on the attached form PTO-1449 was known to any individual designated in 37 C.F.R. § 1.56(c) more than three months prior to the filing of this Information Disclosure Statement. (37 C.F.R. § 1.97(e)(2))

The Commissioner is authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 50-1266.

Please acknowledge receipt of this Supplemental Information Disclosure Statement and kindly make the cited references of record in the above-identified application.

Respectfully submitted,

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KNE:alb

Attachments:

Form PTO-1449

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